



GEORGIA MEDICAID-FEE-FOR-SERVICE ENDARI PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members 5 years of age or older with a diagnosis of sickle cell disease (SCD) who have had 2 or more vasoocclusive or painful crises within the past 12 months

AND

- ❖ Member must have tried hydroxyurea for at least 3 months and experienced an inadequate response or member must have an allergy, contraindication, drug-drug interaction or intolerable side effect to hydroxyurea.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.